STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES						BILL TO:				SHIF	SHIP TO:			
		RMS OR												
TO:	CDSS W	/arehouse,	P.O. Box	x 980788, West Sacramento, CA 9	5798-0788	AGENCY				AGENO	CY, OFFICE OR	SECTION		
	COUNT	Y CODE		PERSON TO CONTACT	DATE	ADDRESS				STREE	T ADDRESS AN	ND ROOM NUMBER		
FOR	TELEPH	ONE NUMBER		AUTHORIZING SIGNATURE		CITY		STATE	ZIP	CITY		STATE	ZIP	
L I N	FOF	RM CATALO	OG	TITLE OR CATALOG	DESCRIPTION		QUANTITY WANTED	UNIT OF ISSUE	PRICE PER UNIT OF	PRICE PER FORM	PROCESS CODE	TYPE OF ORI	DER	
Ë	PREFIX	NUMBER	SUFFIX				WAITE	10002	ISSUE	ORDER	(Over)	☐ REGULAR ☐ EMERGENCY		
1												DATE RECEIVE	D	
2												FILLED BY:	DATE:	
												PACKED BY:	DATE:	
3													WEIGHT:	
4												VIA	B/L	
5												DATE:	BY:	
												REMARKS		
6														
7														
8														
9														
10														
44														
11														
GEN 72	GEN 727B (4/96)							TOTAL ORDER: \$			ADJUST	ED		

INSTRUCTIONS

- 1. Use this order for forms listed in the county forms catalog.
- 2. Print clearly or type in duplicate.
- 3. Complete all spaces except shaded areas.
- 4. List forms in forms catalog sequence.
- FREE/SOLD forms and numbered publication can be on the same order.
- 6. Make separate line entries (white area) for each form ordered.
- 7. Route original to the Social Services Warehouse. Retain one for a suspense copy.
 - A. Original, warehouse file.
 - B. Suspense Copy.

PROCESS CODE LEGEND

Action taken by the warehouse will be found in the process code column on the front of this order. The following codes explain the action taken on your order.

Δ	Cancelled.	an	all	office	shinment	pending
$^{-}$	Caricelleu,	an	an	UIIICC	SHIDHIGH	Dellalla.

- B—Back ordered, will be shipped when available.
- C—Cancelled, item not furnished.
- D—Cannot identify, check forms catalog for form number, or send sample.
- G—Quantity reduced, amount requested appears excessive, please reanalyze usage of this item.

I—Quantity changed due to packaging.	
K—Quantity reduced; Stock low-reorder when needed.	
L—Form Obsolete.	
R—	

SAMPLE ENTRY

PREFIX	NUMBER	SUFFIX	TITLE OR CATALOG DESCRIPTION	QUANTITY OF ISSUE	UNIT OF ISSUE
ABCD	239	А	NOTICE OF PROPOSED ACTION	10	
DFA	285.1	SPAN	INCOME FROM FARM OPER. AND OTHER SELF-EMPL.	5	